



# ARTHRITIS IN METRO KANSAS CITY

Arthritis is one of Missouri's most prevalent chronic health problems, affecting approximately 1.5 million residents 18 years of age and older. It costs approximately \$1.3 billion annually in Missouri and is a leading cause of disability. Contrary to the popular belief that arthritis afflicts only the elderly, an estimated 41.5% of Missouri adults between the ages of 35 and 64 suffer from this disabling condition.

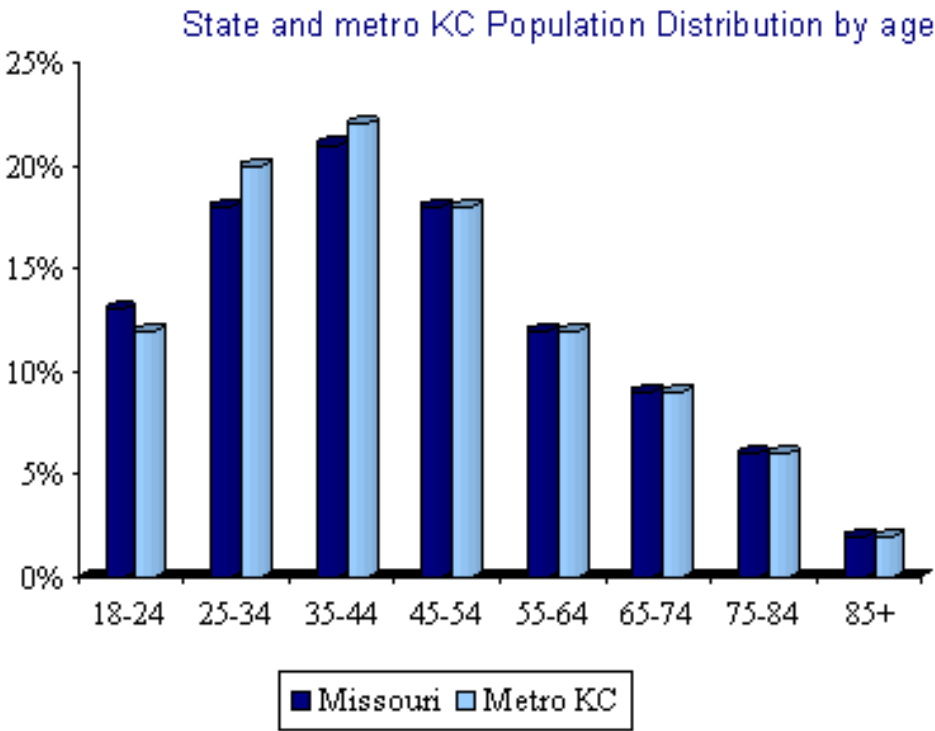
This report contains the results of the 1999 survey for the state and metropolitan Kansas City BRFSS Sampling District. Unless otherwise noted, the Centers for Disease Control and Prevention's arthritis definition is used: doctor diagnosed and chronic joint symptoms. For this report, unless otherwise noted, all graphs represent the population in the metro Kansas City BRFSS Sampling District only.

BRFSS Sampling Region-Metro Kansas City *Cass, Clay, Clinton, Jackson, Lafayette, Platte, and Ray Counties.*

## Age Distribution

The adult age distribution of Missouri and metropolitan KC are very similar.

However, metropolitan KC has a lower percentage of adults aged 18-24 and a higher percentage aged 25-44.



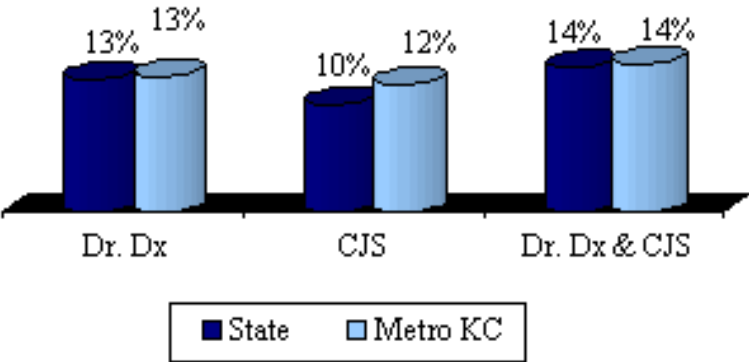


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## Arthritis Prevalence Metro Kansas City

### 1999 BRFSS Metro KC Sampling District Data Summary



39% of metropolitan Kansas City adults reported being told by a doctor they have arthritis (**Dr. Dx**) and/or indicated they had chronic joint symptoms (**CJS**) - pain, stiffness, and swelling - suggestive of undiagnosed arthritis.

Age

Health Status

Modifiable Risk Factors

Health Care Access

Quality of Life

Strategies for Change

Resources/BRFSS

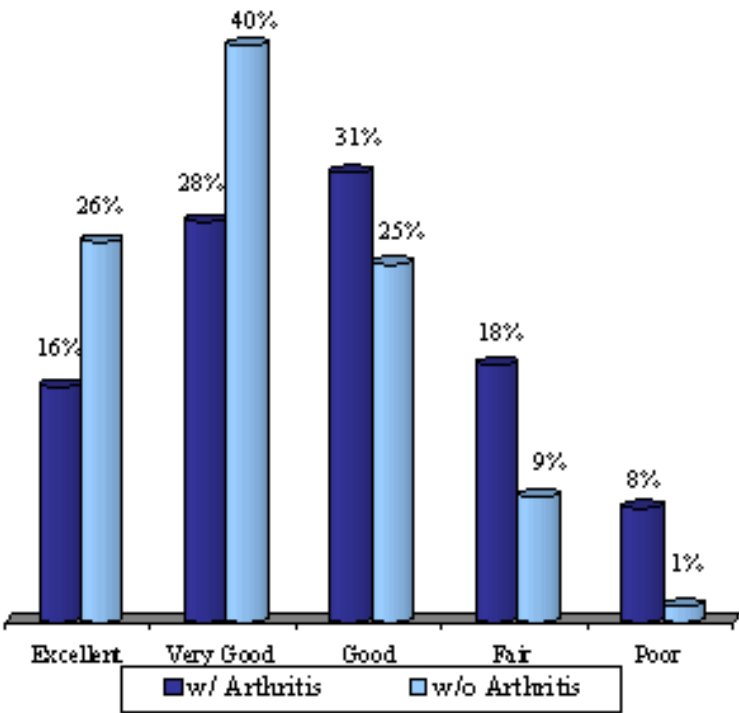


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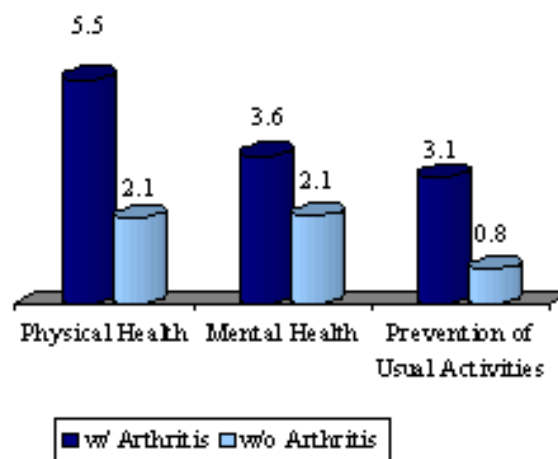
## Health Status

### Arthritis vs. No Arthritis

Overall, the majority of adults in metropolitan Kansas City say their general health is good or better. However, those with arthritis are **more likely** to report fair and poor health than those without arthritis.



Metropolitan Kansas City adults with arthritis reported higher mean numbers of days in the past month that their physical and mental health were **not good**. Additionally, they reported more days when physical or mental health **prevented** their usual activities than those without arthritis.



Age

Prevalence

Modifiable Risk Factors

Health Care Access

Quality of Life

Strategies for Change

Resources/BRFSS

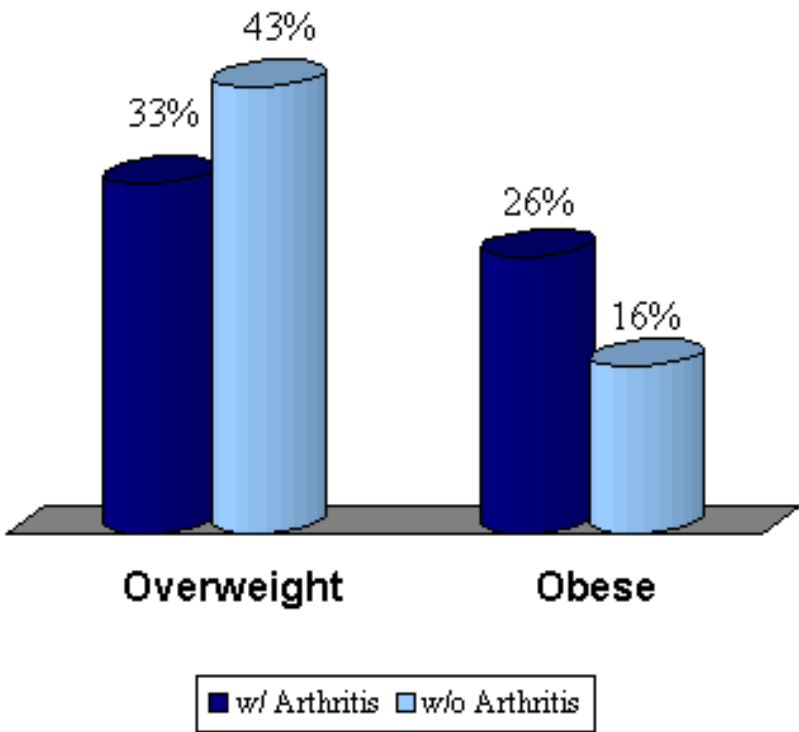


# ARTHRITIS IN METRO KANSAS CITY

## Modifiable Risk Factors Arthritis vs. No Arthritis

In metropolitan Kansas City, adults with arthritis reported a higher prevalence of obesity than those without arthritis. Maintaining an appropriate body weight through physical activity and a balanced diet can be helpful in keeping arthritis-related discomfort to a minimum, reducing risk of other diseases, and improving overall health.

During the past twelve months, only 38% of adults with arthritis indicated that a health care professional counseled them about physical activity or exercise, while 27% stated that a health care professional counseled them about diet or eating habits.





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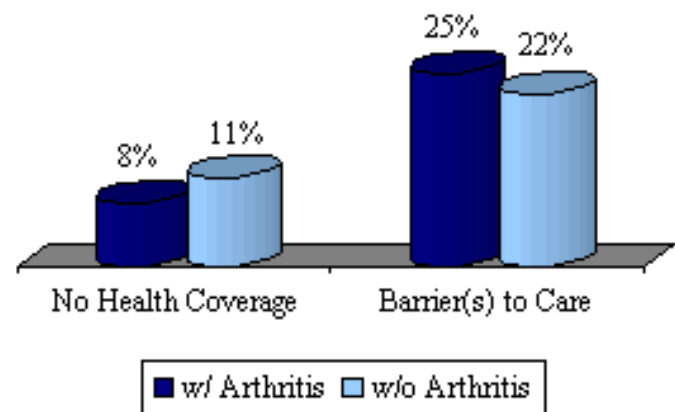
### Health Care Access

#### Arthritis vs. No Arthritis

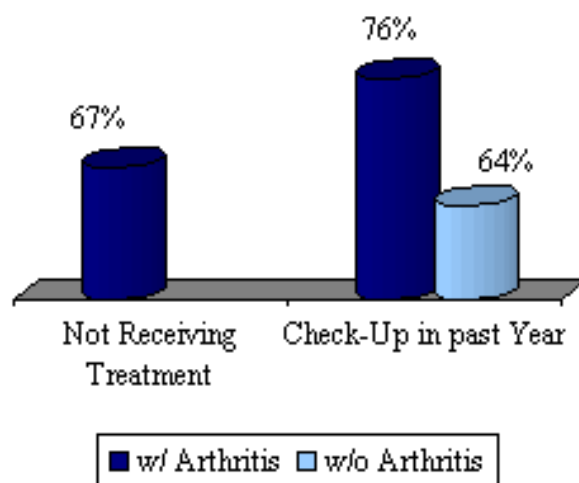
In metropolitan Kansas City, adults with arthritis were less likely to be without some form of health care coverage than those without arthritis. However, adults with arthritis reported a slightly higher prevalence of a barrier(s) to a doctor visit in the past year than those without arthritis.

Barriers included cost, lack of transportation, difficulty in getting an appointment, physicians not accepting Medicaid/ Medicare, limited service, inability to take off of work, etc.

#### Access: Coverage & Barriers



#### Access: Treatment & Check-Up



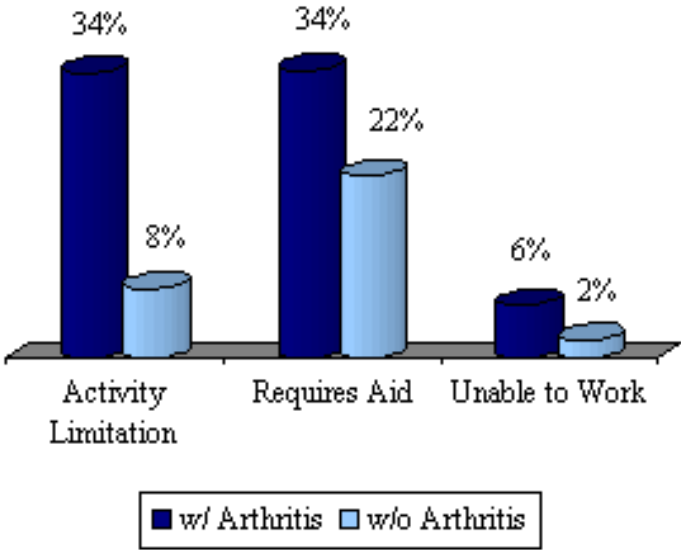
Approximately two-thirds of adults in metropolitan Kansas City with arthritis are currently not receiving treatment by a doctor for their arthritis. Additionally, approximately one-quarter of adults with arthritis have not had a routine check-up in the past year. Early diagnosis, treatment, and regular care by a doctor in addition to regular physical activity, weight management, and self-management of arthritis are essential for maximizing health outcomes and quality of life.

<u>Age</u>		<u>Prevalence</u>		<u>Health Status</u>		<u>Modifiable Risk Factors</u>
<u>Quality of Life</u>				<u>Strategies for Change</u>		<u>Resources/BRFSS</u>



# ARTHRITIS IN METRO KANSAS CITY

## Quality of Life Arthritis vs. No Arthritis



18% of the metropolitan Kansas City adult population (with and without arthritis) reported an activity limitation in their daily life due to a health problem. Of these:

- 14% reported arthritis/rheumatism
- 9% reported a heart problem
- 1% reported diabetes
- 2% reported high blood pressure
- 1% reported an eye/ear problem
- 16% reported fractures/broken bones/back pain, and
- 56% reported another problem.

Adults with arthritis had a higher prevalence of activity limitation and were more likely to require assistance with personal care and/or daily routine needs than those without arthritis. Of those individuals aged 18-64 years who were unable to work, 65% reported arthritis.



[Health Care Access](#)

[Strategies for Change](#)

[Resources/BRFSS](#)



# ARTHRITIS IN METRO KANSAS CITY

## Strategies for Change

### Taking Action

Early diagnosis and proper disease management are vital in reducing pain and discomfort, preventing deformities and loss of joint function, and maintaining a productive and active lifestyle.

- Visit your doctor if you experience any of these warning signs in or around a joint for more than two weeks including pain, swelling, stiffness, and problems moving one or more joints.
- Follow a regimen of appropriate regular physical activity.
- Reduce to, or maintain, a healthy body weight.
- Eat a well balanced diet.

These healthy behaviors will help you manage your arthritis and reduce your risk of developing a number of other chronic health conditions, including diabetes, heart disease, and even osteoporosis.

By increasing your physical activity level, you can improve the strength of your muscles that support your joints, improve your endurance and flexibility, and strengthen your bones. Weight management can reduce pain and disability, and in some cases, prevent the onset of osteoarthritis.

With proper medical treatment and self-management, people with arthritis, osteoporosis and other chronic diseases can improve mobility, minimize pain, and improve overall health.



## ARTHRITIS IN METRO KANSAS CITY

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### ARTHRITIS RESOURCES

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If you would like to learn more about physical activity and self-management courses in your area or if you need to locate a doctor in your area, contact your local Regional Arthritis Center or Arthritis Foundation office.

**Missouri Arthritis and Osteoporosis Program**

Beth Richards, Manager 800-316-0935

**Kansas City Area Regional Arthritis Center**

Arletha Manlove, Coordinator 816-932-2351

**Arthritis Foundation, Western Chapter**

Brad Ziegler, President 888-719-5670

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#### About the Behavioral Risk Factor Surveillance System (BRFSS)

The Missouri Department of Health and Senior Services (DHSS) conducts ongoing surveillance with the assistance of the US Centers for Disease Control and Prevention (CDC). In 1999, DHSS conducted approximately 4,200 BRFSS telephone surveys with adults 18 years of age and older. This sample permits statewide and regional estimates. Interviewers ask questions related to disease, health behaviors, screening, quality of life, mental health, impairment, and access to healthcare and insurance.

For more information about the BRFSS, contact the Office of Surveillance, Research and Evaluation at 573-522-2880. Additional information is available from the DHSS, Section for Chronic Disease Prevention and Health Promotion at 573-522-2800.

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Alternate forms of this publication for persons with disabilities may be obtained by calling 800-316-0935. Hearing impaired citizens' telephone 800-735-2966. CDC Grant/Cooperative Agreement Number 99038 supported this publication. Its contents are solely the responsibility of the authors and do not represent the official views of CDC.

**Missouri Department of Health & Senior Services**  
Section for Chronic Disease Prevention & Health Promotion  
920 Wildwood Drive, P.O. Box 570  
Jefferson City, MO 65102-0570  
**800-316-0935**

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